





## Human Services Committee, February 14, 2023 Testimony submitted by Greater Hartford Legal Aid, Connecticut Legal Services, New Haven Legal Assistance Association

## HB 6616: AN ACT CONCERNING EXPANSION OF HUSKY HEALTH BENEFITS TO THOSE INELIGIBLE DUE TO IMMIGRATION STATUS: SUPPORT

HB 6616: Support. This testimony is submitted on behalf of Greater Hartford Legal Aid (GHLA), Connecticut Legal Services (CLS), and New Haven Legal Assistance Association (NHLAA) ("legal services") in support of HB 6616: An Act Concerning Expansion of HUSKY Health Benefits to Those Ineligible Due to Immigration Status. The legal services programs were pleased to see HUSKY expanded to children up to age 12 last session, and support the expansion of HUSKY to young people up to age 26.

Our programs provide legal services including eviction defense, family violence representation, and educational advocacy to indigent families in communities across Connecticut regardless of immigration status. We also assist individuals seeking humanitarian immigration relief, many of whom are victims of violence or minor children.

Legal services sees the impact that lack of medical coverage can have on children and young people. Our hard-working young immigrant clients—often enrolled in school and seeking to obtain legal status through the immigration process—typically lack health coverage. Sometimes even if a child is in the process of obtaining immigration status, no matter what the circumstances, they cannot access HUSKY. For example, minor children that are eligible for Special Immigrant Juvenile Status (SIJS) because they have been abused, abandoned, or neglected by one or both of their parents are unable to apply for HUSKY until their application for a juvenile visa is pending with United States Citizenship and Immigration Services (USCIS). Many of our clients who are eligible for SIJ must wait to access care until their SIJ process is completed in Connecticut's probate

courts, which varies statewide, but in one case took up to nine months. From their first meeting with an attorney until the filing of the juvenile visa application, the process can take up to a year. Other children seeking different forms of immigration status might not be eligible for HUSKY at all, because they will not obtain a status included on the list of qualified statuses with which one can be found eligible. Such distinctions should not make the difference in whether immigrant youth can access basic healthcare.

Expanding access to basic healthcare now, as proposed in this legislation, can reduce future healthcare expenditures. Currently, undocumented children who are 13 or over are only eligible for Federal Emergency Medicaid benefits when they present to an emergency department with a life threatening condition. From 2017-2021, Emergency Medicaid benefit expenditures have averaged a total of \$19,404,868 annually.¹ Those emergency department visits may not have been necessary if all residents had access to early and routine preventive care, which this legislation would provide.

During the COVID-19 pandemic, we witnessed the devastating impact of underlying health inequities on immigrant communities, poor communities, and communities of color.<sup>2</sup> Legal services supports the further expansion of HUSKY to immigrant youth as proposed in HB 6616.

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<sup>&</sup>lt;sup>1</sup> Medical Assistance Program Oversight Council (MAPOC), Healthcare Coverage for Immigrants, available at

 $<sup>\</sup>frac{https://www.cga.ct.gov/ph/med/related/20190106\ Council%20Meetings\%20\&\%20Presentations/2023}{0210/Immigrant\%20Health\%20Coverage.pdf}.$ 

<sup>&</sup>lt;sup>2</sup> See Data Haven, Towards Health Equity in Connecticut (June 2020), available at <a href="https://ctdatahaven.org/sites/ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%2006">https://ctdatahaven.org/sites/ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%2006</a> <a href="https://ctdatahaven.org/sites/ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%2006">https://ctdatahaven.org/sites/ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%2006</a> <a href="https://ctdatahaven.org/sites/ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%2006">https://ctdatahaven.org/sites/ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%2006</a> <a href="https://ctdatahaven.org/sites/ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%2006">https://ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%2006</a> <a href="https://ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%2006">https://ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%2006</a> <a href="https://ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%2006">https://ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%2006</a> <a href="https://ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%2006">https://ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%2006</a> <a href="https://ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%2006">https://ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%2006</a> <a href="https://ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%2006">https://ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%2006</a> <a href="https://ctdatahaven/files/DataHaven/file